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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: | Identify Yourself | | |
|-----|--------------------|---|--|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | ır full name | | |
| | Writ | e the name that is on | Barbara | |
| | pictu | your government-issued picture identification (for example, your driver's | First name | First name |
| | | nse or passport). | Middle name | Middle name |
| | | g your picture | Mackey | |
| | | ntification to your eting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All o | other names you have d in the last 8 years | | |
| | | ude your married or den names. | | |
| 3. | you nun Indi | y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number | xxx-xx-6344 | |

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Case number (if known)

Debtor 1 Barbara Mackey

| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|----|---|---|---|--|--|--|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | | ☐ I have not used any business name or EINs. | | | |
| | Include trade names and doing business as names | Business name(s) | | Business name(s) | | | |
| | | EINs | - | EINs | | | |
| 5. | Where you live | 2516 Lawndale Ave | | If Debtor 2 lives at a different address: | | | |
| | | Rockford, IL 61101 | _ | New Joseph City Court & 77D Oak | | | |
| | | Number, Street, City, State & ZIP Code | | Number, Street, City, State & ZIP Code | | | |
| | | Winnebago County | - | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | - | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for | Check one: | | Check one: | | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | | | | | | | |

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Document Case number (if known) Debtor 1 Barbara Mackey

| Par | Tell the Court About | our Ba | nkruptcy Ca | se | | | | | |
|-----|---|---|-------------------------------|--|-------------------------|---|---|--|--|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | ■ Chapter 7 | | | | | | | |
| | | ☐ Cha | apter 11 | | | | | | |
| | | | apter 12 | | | | | | |
| | | | apter 13 | | | | | | |
| | | | | | | | | | |
| 8. | How you will pay the fee | _ 6 | about how yo | entire fee when I file my p u may pay. Typically, if you a attorney is submitting your p address. | are paying | the fee yourself, y | ou may pay with cash | n, cashier's check, or money | |
| | | | | the fee in installments. If | | e this option, sign | and attach the Applica | ation for Individuals to Pay | |
| | | | ū | e <i>in Installments</i> (Official For t my fee be waived (You ma | , | this option only if | you are filing for Char | oter 7. By law, a judge may | |
| | | - k | out is not requapplies to you | | may do so able to pa | o only if your incor y the fee in installr | ne is less than 150% one is less than 150% onents). If you choose | of the official poverty line that this option, you must fill out | |
| 9. | Have you filed for bankruptcy within the last 8 years? | □ No. ■ Yes | · | | | | | | |
| | , | | • | Northern District of | | | | | |
| | | | District | Illinois | When | 10/14/09 | Case number | 09-74485 | |
| | | | District | | When | | Case number | | |
| | | | District | | When | | Case number | | |
| 10. | Are any bankruptcy | ■ No | | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with | ☐ Yes | i. | | | | | | |
| | you, or by a business partner, or by an affiliate? | | | | | | | | |
| | | | Debtor | | | | Relationship to y | /ou | |
| | | | District | | When | | Case number, if | known | |
| | | | Debtor | | | | Relationship to y | /ou | |
| | | | District | | When | | Case number, if | known | |
| 11. | Do you rent your | □ No. | Go to li | ne 12. | | | | | |
| | residence? | ■ Yes | . Has yo | ur landlord obtained an evict | ion judgm | ent against you ar | nd do you want to stay | in your residence? | |
| | | . 30 | | No. Go to line 12. | | | | | |
| | | | _ | Yes. Fill out <i>Initial Statemer</i> bankruptcy petition. | nt About ai | n Eviction Judgme | nt Against You (Form | 101A) and file it with this | |
| | | | | | | | | | |

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| Deb | tor 1 | Barbara Mackey | | Case number (if known) |
|--|--------------------------------|--|---|--|
| | | | | |
| Part | 3: | Report About Any Bu | sinesses | You Own as a Sole Proprietor |
| 12. | of ar | you a sole proprietor ny full- or part-time ness? | □ No. | Go to Part 4. |
| | | | Yes. | Name and location of business |
| | busir an in sepa as a | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Daycare Provider Name of business, if any 2516 Lawndale Ave |
| | • | have more than one | | Rockford, IL 61101 |
| | | proprietorship, use a rate sheet and attach | | Number, Street, City, State & ZIP Code |
| | | his petition. | | Check the appropriate box to describe your business: |
| | | | | ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) |
| | | | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) |
| | | | | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) |
| | | | | ■ None of the above |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor so that it can set approved the small business debtor, you must attach your most recent balance sheet, stated operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the property of the set of the provided in 11 U.S.C. 1116(1)(B). | | | s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of s, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure | |
| | For a | definition of small | No. | I am not filing under Chapter 11. |
| | busii | iness debtor, see 11 .C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |
| | | | ☐ Yes. | I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Part | 4: | Report if You Own or | Have Any | Hazardous Property or Any Property That Needs Immediate Attention |
| 14. | | ou own or have any | ■ No. | |
| | | erty that poses or is ed to pose a threat | ☐ Yes. | |
| | of in | nminent and tifiable hazard to ic health or safety? o you own any | | What is the hazard? |
| | prop | erty that needs ediate attention? | | If immediate attention is needed, why is it needed? |
| | peris lives or a | example, do you own hable goods, or tock that must be fed, building that needs nt repairs? | | Where is the property? Number, Street, City, State & Zip Code |
| | | | | |

Debtor 1 Barbara Mackey Document Page 5 of 59 Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| DCL | Barbara Wackey | | | | oc mannoci (ii ki | | | |
|-----|--|----------------------------|---|---|-------------------|---|--|--|
| Par | t 6: Answer These Quest | ions for Repo | rting Purposes | | | | | |
| 16. | What kind of debts do you have? | ind | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." □ No. Go to line 16b. | | | | | |
| | | | | | | | | |
| | | | Yes. Go to line 17. Are your debts primarily business debts? Business debts are debts that you incurred to obtain | | | | | |
| | | | money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. Sta | ate the type of debts you owe th | nat are not consumer debts o | r business de | bts | | |
| 17. | Are you filing under Chapter 7? | □ No. I ar | n not filing under Chapter 7. G | o to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | | m filing under Chapter 7. Do yo paid that funds will be availab | | | s excluded and administrative expenses | | |
| | administrative expenses are paid that funds will | | No | | | | | |
| | be available for distribution to unsecured creditors? | | Yes | | | | | |
| 18. | How many Creditors do | ■ 1-49 | | □ 1,000-5,000 | | □ 25,001-50,000 | | |
| | you estimate that you owe? | ☐ 50-99 | | 5001-10,000 | | 5 0,001-100,000 | | |
| | | □ 100-199 □ 200-999 | | □ 10,001-25,000 | | ☐ More than100,000 | | |
| 19. | How much do you | \$ 0 - \$50,0 | 00 | □ \$1,000,001 - \$10 million | | □ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | \$50,001 - | | □ \$10,000,001 - \$50 milli □ \$50,000,001 - \$100 mill | | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | | |
| | | □ \$100,001 □ \$500,001 | | □ \$100,000,001 - \$500 mi | | ☐ More than \$50 billion | | |
| 20. | How much do you | □ \$0 - \$50,0 | 00 | □ \$1,000,001 - \$10 million | | □ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | \$50,001 - | | □ \$10,000,001 - \$50 milli □ \$50,000,001 - \$100 mill | | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | | |
| | | □ \$100,001 □ \$500,001 | | □ \$100,000,001 - \$500 mi | | ☐ More than \$50 billion | | |
| Par | t7: Sign Below | | | | | | | |
| For | you | I have examin | ned this petition, and I declare | under penalty of perjury that | the informatio | n provided is true and correct. | | |
| | | | en to file under Chapter 7, I and Code. I understand the relief | | | er Chapter 7, 11,12, or 13 of title 11, eto proceed under Chapter 7. | | |
| | | | represents me and I did not parave obtained and read the not | | | attorney to help me fill out this | | |
| | | I request relie | ef in accordance with the chapt | er of title 11, United States C | ode, specified | I in this petition. | | |
| | | bankruptcy ca and 3571. | ase can result in fines up to \$2 | | | perty by fraud in connection with a , or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | /s/ Barbara Barbara Ma | | Signature | of Debtor 2 | | | |
| | | Signature of I | | Č | | | | |
| | | Executed on | May 18, 2016 | Executed | on | | | |
| | | | MM / DD / YYYY | | MM / DD |) / YYYY | | |

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Debtor 1 Barbara Mackey Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Daniel | A. Springer | Date | May 18, 2016 |
|-----------------|------------------------|---------------|------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| Daniel A. | Springer | | |
| Printed name | | | |
| Springer L | _aw Firm | | |
| Firm name | | | |
| 2222 E Sta | ate St | | |
| Suite 107 | | | |
| Rockford, | IL 61104 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | 815.312.4725 | Email address | dspringerlaw@gmail.com |
| 6314059 | | | |
| Bar number & S | tato | | |

| | | DOCUM | <u> 201 - Page 8 01.59 - </u> | | |
|---------------------|--------------------------|-------------------|-------------------------------|--------------------------------|--|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Barbara Mackey | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if this amended filing | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 11: Summarize Your Assets | | |
|-----|---|--------------|-------------------------|
| | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 5,100.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 5,100.00 |
| Par | 12: Summarize Your Liabilities | | |
| | | | abilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 9,664.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 74,790.63 |
| | Your total liabilities | \$ | 84,454.63 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,586.41 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,541.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other sch | edules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for bounded purposes." 14.1 U.S. C. \$ 101(0). Fill out lines 8.00 for statistical purposes. 28.1 U.S. C. \$ 150 | a personal, | family, or |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
| | 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. |

2,772.17

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Tota | l claim |
|--|------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$_ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$_ | 60,250.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$_ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 60,250.00 |

| | | Document | Page 10 of 59 | | |
|--|---|--|--|-----------------------------|---|
| Fill in this in | formation to identify your ca | ase and this filing: | | | |
| Debtor 1 | Barbara Mackey | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for the: N | NORTHERN DISTRICT OF ILLI | NOIS | | |
| Case number | - r | | | | ☐ Check if this is an |
| | | | _ | | amended filing |
| | | | | | |
| Official I | Form 106A/B | | | | |
| Sched | ule A/B: Prope | ertv | | | 12/15 |
| think it fits bes information. If Answer every o | t. Be as complete and accurate more space is needed, attach a question. | tems. List an asset only once. If as possible. If two married peopl separate sheet to this form. On the and, or Other Real Estate You O | le are filing together, both ar ne top of any additional page | e equally responsible for s | upplying correct |
| | | | | | |
| 1. Do you own | or nave any legal or equitable i | nterest in any residence, building | , land, or similar property? | | |
| No. Go to | | | | | |
| ☐ Yes. Who | ere is the property? | | | | |
| Part 2: Desc | ribe Your Vehicles | | | | |
| someone else | | able interest in any vehicles, also report it on Schedule G: E ty vehicles, motorcycles | | | enicles you own that |
| 3.1 Make: | Chevy | Who has an interest in the | ne property? Check one | | claims or exemptions. Put |
| Model: | Uplander | Debtor 1 only | ie property i check one | | red claims on Schedule D: nims Secured by Property. |
| Year: | 2006 | Debtor 2 only | | Current value of the | Current value of the |
| Approx | imate mileage: 14400 | Debtor 1 and Debtor 2 | , | entire property? | portion you own? |
| | nformation: | At least one of the deb | ors and another | | |
| Van | | Check if this is comm | unity property | \$1,875.00 | \$1,875.00 |
| | | (coo manadashis) | | | |
| | | /s and other recreational veh al watercraft, fishing vessels, si | | | |
| | | u own for all of your entries f /rite that number here | | | \$1,875.00 |
| Part 3: Desc | ribe Your Personal and Househ | old Items | | | |
| Do you own | or have any legal or equitab | le interest in any of the follow | ving items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | d goods and furnishings : Major appliances, furniture, li | nens, china, kitchenware | | | |

□ No

Official Form 106A/B Schedule A/B: Property

| Debtor 1 | Case 16-81240 Barbara Mackey | Doc 1 | Filed 05/18/16 Document | Entered 05/18/16 15 Page 11 of 59 Case number | :55:02 er (if known) | Desc Main |
|-------------------------------------|--|-----------------------------|----------------------------|---|-------------------------|--|
| _ | Describe | | | | , | |
| — 163. | | | | | \neg | |
| | Dishes | | ing Room Furniture | , Kitche Table, Kitchen | | \$1,000.00 |
| □No | | | | oment; computers, printers, scanne | ers; music c | collections; electronic devices |
| | TV, Co | mputer | | | | \$700.00 |
| Exampl | bles of value les: Antiques and figurines; other collections, memo | | | oks, pictures, or other art objects; s | stamp, coin | , or baseball card collections; |
| | Home I | Decor, Cd's | and DVD's | | | \$300.00 |
| □ No ■ Yes. 10. Firearm Examp ■ No | musical instruments Describe Basket ns ples: Pistols, rifles, shotgun: Describe | ball Hoop a | and Basketball | bicycles, pool tables, golf clubs, sk | cis; canoes | and kayaks; carpentry tools; \$100.00 |
| | oles: Everyday clothes, furs | , leather coat | s, designer wear, shoes | , accessories | | |
| | Describe | | | | | |
| | Used C | lothing | | | | \$300.00 |
| □ No | Dies: Everyday jewelry, cost Describe | tume jewelry, ne Jewelry | engagement rings, wed | ding rings, heirloom jewelry, watch | es, gems, (| gold, silver |
| | rm animals oles: Dogs, cats, birds, hors | es | | | | |
| ☐ Yes. | Describe | | | | | |
| ■ No | her personal and househ | - | u did not already list, i | ncluding any health aids you dic | l not list | |

Official Form 106A/B Schedule A/B: Property page 2

Page 12 of 59
Case number (if known) Debtor 1 Barbara Mackey 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,450.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **BMO Harris Bank** \$75.00 17.1. Checking **Associated Bank** \$700.00 Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

page 3

| | Case 10-81240 | Document | Page 13 of 59 | Desc Main |
|-------------------|---|--|---|---|
| Debtor 1 | Barbara Mackey | Document | Case number (if known) | |
| ■ No | Institution na | me and description. Separately file | the records of any interests.11 U.S.C. § 521(c): | |
| 25. Trusts | s, equitable or future intere | sts in property (other than anyth | ing listed in line 1), and rights or powers exe | rcisable for your benefit |
| ■ No □ Yes. | . Give specific information al | bout them | | |
| | | , trade secrets, and other intellec | tual property | |
| Exam ■ No | aples: Internet domain names | s, websites, proceeds from royalties | and licensing agreements | |
| | . Give specific information al | bout them | | |
| _Exam | ses, franchises, and other opples: Building permits, exclusions | | ion holdings, liquor licenses, professional license | es |
| ■ No □ Yes. | . Give specific information al | bout them | | |
| Money or | property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax re | funds owed to you | | | · |
| ■ No □ Yes. | . Give specific information ab | pout them, including whether you al | ready filed the returns and the tax years | |
| ■ No | | | port, maintenance, divorce settlement, property | settlement |
| Exam ■ No | | | enefits, sick pay, vacation pay, workers' comper | nsation, Social Security |
| _Exam | sts in insurance policies oples: Health, disability, or life | e insurance; health savings account | t (HSA); credit, homeowner's, or renter's insuran | nce |
| □ No | | | | |
| ■ Yes. | | nny of each policy and list its value. pany name: | Beneficiary: | Surrender or refund value: |
| | State | e Farm Term Life | Granddaughters | \$0.00 |
| If you some | | ue you from someone who has d g trust, expect proceeds from a life | lied insurance policy, or are currently entitled to rece | eive property because |
| | | ether or not you have filed a laws t disputes, insurance claims, or righ | suit or made a demand for payment nts to sue | |
| ■ No □ Yes | . Describe each claim | | | |
| | | ed claims of every nature, includi | ing counterclaims of the debtor and rights to | set off claims |
| ■ No | Describe each claim | • | | |

| Debto | Case 16-81240 | Doc 1 Filed 05/18/1 Document | L6 Entered 0 Page 14 of | 5/18/16 15:55:02 59 Case number (if known) | Desc Main |
|----------------|---|--|----------------------------|--|-------------------------|
| | <u> </u> | | | Case number (if known) | |
| | ny financial assets you did not | already list | | | |
| | No | | | | |
| Ц | Yes. Give specific information | | | | |
| | - | our entries from Part 4, includin | | 9 7 | \$775.00 |
| Part 5 | : Describe Any Business-Related | Property You Own or Have an Inter | est In. List any real est | ate in Part 1. | |
| 37. D o | you own or have any legal or equi | table interest in any business-relate | ed property? | | |
| I | No. Go to Part 6. | | | | |
| | es. Go to line 38. | | | | |
| | | | | | |
| Part 6 | Describe Any Farm- and Commond If you own or have an interest in face | ercial Fishing-Related Property You armland, list it in Part 1. | Own or Have an Intere | est In. | |
| 46. D | o you own or have any legal or | equitable interest in any farm- | or commercial fishi | ng-related property? | |
| | No. Go to Part 7. | | | | |
| | Yes. Go to line 47. | | | | |
| | | | | | |
| Part 7 | Describe All Property You | Own or Have an Interest in That You | Did Not List Above | | |
| 53. D | o vou have other property of a | ny kind you did not already list? | • | | |
| | examples: Season tickets, country | | | | |
| _ | No | | | | |
| | Yes. Give specific information | | | | |
| 54 | Add the dollar value of all of vo | our entries from Part 7. Write that | at number here | | \$0.00 |
| J4. / | Add the dollar value of all of yo | our entities from rait 7. write the | at number nere | | \$0.00 |
| Part 8 | List the Totals of Each Part | of this Form | | | |
| | | | | | |
| | | | | | \$0.00 |
| | Part 2: Total vehicles, line 5 Part 3: Total personal and hou: | achald itama line 45 | \$1,875.00 | | |
| | Part 3: Total personal and nou: Part 4: Total financial assets, li | | \$2,450.00 \$775.00 | | |
| | Part 5: Total business-related ہ | | \$0.00 | | |
| | Part 6: Total farm- and fishing- | | \$0.00 | | |
| | Part 7: Total other property not | • • • | \$0.00 | | |
| | | | | _ | |
| 62. | Total personal property. Add lir | nes 56 through 61 | \$5,100.00 | Copy personal property t | total \$5,100.00 |
| 63. | Total of all property on Schedu | Ile A/B. Add line 55 + line 62 | | | \$5,100.00 |

Official Form 106A/B Schedule A/B: Property page 5

| | | I A A A III III . | | <i>'. '</i> | |
|---------------------|-------------------------|-------------------|-------------|-------------|----------|
| Fill in this inform | nation to identify your | case: | | | |
| Debtor 1 | Barbara Mackey | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if |
| | | | | | amende |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|--------------------------------------|------------------------------|---|--|
| Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| \$1,875.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$1,000.00 | | \$1,000.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$700.00 | | \$700.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to any applicable statutory limit | |
| \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| | | 100% of fair market value, up to | |
| | \$1,000.00 \$700.00 \$300.00 | \$1,000.00 | Schedule A/B \$1,875.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$2,400.00 \$1,000.00 \$1,000.00 \$1,000.00 \$1,000.00 \$2,000.00 \$1,000.00 \$300.00 \$1,000.00 |

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Case number (if known)

| | ef description of the property and line on hedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
|------|---|--------------------------------------|---------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | sed Clothing ne from Schedule A/B: 11.1 | \$300.00 | | \$300.00 | 735 ILCS 5/12-1001(a) |
| LIII | Lille Hotti Schedule AVB. 1111 | | | 100% of fair market value, up to any applicable statutory limit | |
| | ostume Jewelry ne from Schedule A/B: 12.1 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(a) |
| LIII | le IIOIII <i>Scriedule AVB</i> . 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | necking: BMO Harris Bank | \$75.00 | | \$75.00 | 735 ILCS 5/12-1001(b) |
| LIN | le IIOIII Scriedule AVB. 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | necking: Associated Bank | \$700.00 | | \$700.00 | 735 ILCS 5/12-1001(b) |
| LIN | le IIOIII Scriedule A/B. 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| (St | e you claiming a homestead exemption ubject to adjustment on 4/01/19 and every No | 3 years after that for ca | ases fi | ŕ | |
| | Yes. Did you acquire the property cove ☐ No | red by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| | П Voo | | | | |

| | | Document | Page 17 | of 59 | | |
|---|---------------------|---|-----------------------|------------------------------------|---|-------------------|
| Fill in this information to ident | tify your case: | | | | | |
| Debtor 1 Barbara N | /lackey | | | | | |
| First Name | паскеу | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) First Name | | Middle Name | Last Name | | | |
| United States Bankruptcy Court | for the NOF | RTHERN DISTRICT OF | FILLINOIS | | | |
| Officed States Bankruptcy Court | ioi tile. Ivoi | THERE DIOTRIOT OF | ILLIIVOIO | | - | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amen | ded filing |
| 000 1 1 5 1000 | | | | | | |
| Official Form 106D | | | | | | |
| Schedule D: Credi | itors Who | ה Have Claim | s Secured | by Propert | V | 12/15 |
| | | | | | <u> </u> | |
| Be as complete and accurate as po is needed, copy the Additional Pag | | | | | | |
| number (if known). | ,0, 041, | sor the onthios, and attac | | the top of any addition | nai pagoo, wino your no | and dado |
| 1. Do any creditors have claims see | cured by your pr | operty? | | | | |
| ☐ No. Check this box and s | submit this form | to the court with your o | ther schedules. Yo | u have nothing else t | to report on this form. | |
| Yes. Fill in all of the infor | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 3 | | |
| | mation below. | | | | | |
| Part 1: List All Secured Cla | ims | | | 0.14 | 0.1 | 0.1.0 |
| 2. List all secured claims. If a cred | | | | Column A | Column B | Column C |
| | | s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name. | | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| | iipiiabelicai ordei | | | value of collateral. | claim | If any |
| 2.1 Credit Acceptance | Describ | be the property that secu | res the claim: | \$4,832.00 | Unknown | \$4,832.00 |
| Creditor's Name | Autor | nobile | | | | |
| | | | | | | |
| | As of the | he date you file, the clain | 1 is: Check all that | | | |
| Po Box 513 | apply. | • | . ICI Oncok un triat | | | |
| Southfield, MI 48037 | 🛚 🗖 Con | • | | | | |
| Number, Street, City, State & Zip C | ode 🔲 Unli | quidated | | | | |
| 11 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | ☐ Disp | | | | | |
| Who owes the debt? Check one. | _ | of lien. Check all that app | | | | |
| Debtor 1 only | | agreement you made (such · loan) | n as mortgage or secu | ured | | |
| Debtor 2 only | | ioanj | | | | |
| Debtor 1 and Debtor 2 only | _ | tutory lien (such as tax lien | , mechanic's lien) | | | |
| ☐ At least one of the debtors and a | | gment lien from a lawsuit | | | | |
| Check if this claim relates to a | ☐ Othe | er (including a right to offse | et) | | | |
| community debt | | | | | | |
| Opene | ed | | | | | |
| 6/01/14 | | | | | | |
| Last A | | | 7050 | | | |
| Date debt was incurred 3/12/16 | 6 | Last 4 digits of account r | number 7050 | | | |
| | | | | | | |
| 2.2 Credit Acceptance Co | rp. Describ | be the property that secu | res the claim: | \$4,832.00 | \$1,875.00 | \$2,957.00 |
| Creditor's Name | | Chevy Uplander 14 | 4000 miles | | | |
| | Van | | | | | |
| DO D 5070 | As of the | he date you file, the claim | n is: Check all that | | | |
| PO Box 5070 | apply. | • • | | | | |
| Southfield, MI 48086 | 🛚 Con | | | | | |
| Number, Street, City, State & Zip C | | quidated | | | | |
| Who owes the debt? Check one. | ☐ Disp | outed • of lien. Check all that ap | nly | | | |
| _ | _ | | | | | |
| Debtor 1 only | | agreement you made (such | n as mortgage or secu | ured | | |
| Debtor 2 only | | loan) | | | | |
| Debtor 1 and Debtor 2 only | | tutory lien (such as tax lien | , mechanic's lien) | | | |
| At least one of the debtors and a | nother 🗀 Judg | gment lien from a lawsuit | | | | |

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| Debtor 1 | Barbara Mackey | | | Case number (if know) | |
|-----------|---|---------------------------|------------------------------|-----------------------|--|
| | First Name | Middle Name | Last Name | | |
| | if this claim relates to a unity debt | Other (inclu | ding a right to offset) | | |
| Date debt | was incurred | Last 4 d | digits of account number | | |
| | | | | | |
| Add the | dollar value of your ent | ries in Column A on this | page. Write that number here | : \$9,664.00 | |
| | the last page of your fo at number here: | orm, add the dollar value | totals from all pages. | \$9,664.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this information to identify your case: | |
|---|--|
| Political Political Model | |
| Debtor 1 Barbara Mackey | |
| First Name Middle Name Last Name | |
| Debtor 2 (Spouse if, filing) First Name Middle Name Last Name | |
| • | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | |
| Case number | |
| if known) | Check if this is an |
| | amended filing |
| Official Form 106E/F | |
| Schedule E/F: Creditors Who Have Unsecured Claims | 12/15 |
| ny executory contracts or unexpired leases that could result in a claim. Also list executory contracts chedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any credichedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part yeft. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file tame and case number (if known). | itors with partially secured claims that are listed in rou need, fill it out, number the entries in the boxes on the |
| Part 1: List All of Your PRIORITY Unsecured Claims | |
| Do any creditors have priority unsecured claims against you? — | |
| No. Go to Part 2. | |
| Yes. | |
| Part 2: List All of Your NONPRIORITY Unsecured Claims | |
| 3. Do any creditors have nonpriority unsecured claims against you? | |
| ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. | |
| ■ Yes. | |
| 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds ea unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of clai than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three non Part 2. | im it is. Do not list claims already included in Part 1. If more |
| | Total claim |
| 4.1 Acceptance Now Last 4 digits of account number 1087 | Unknown |
| Nonpriority Creditor's Name | ad 4.0/04/42 Loot Active |
| 5501 Headquarters Dr When was the debt incurred? 11/13/ | ed 10/01/13 Last Active /13 |
| Plano, TX 75024 Number Street City State Zlp Code As of the date you file, the claim is: Check | all that apply |
| Who incurred the debt? Check one. | an triat appry |
| ■ Debtor 1 only | |
| ☐ Debtor 2 only ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed | |
| ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community ☐ Student loans | |
| debt ☐ Obligations arising out of a separation agr | reement or divorce that you did not |
| Is the claim subject to offset? report as priority claims ■ No □ Debts to pension or profit-sharing plans, a | and other similar debts |
| | |
| ☐ Yes ☐ Other. Specify Rental Agreement | |

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Debtor 1 Barbara Mackey Case number (if know) 4.2 \$400.00 Accounts Receivable Ma Last 4 digits of account number 9717 Nonpriority Creditor's Name Opened 2/01/16 Last Active 2950 W Chicago Ave Ste 3 When was the debt incurred? 4/21/16 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Stateline Rental** ☐ Yes Other. Specify Properties 4.3 AT&T Last 4 digits of account number \$632.00 Nonpriority Creditor's Name PO Box 6416 When was the debt incurred? 05/2012 Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes ■ Other. Specify Utilities 4.4 Atg Credit Last 4 digits of account number 3382 \$22.00 Nonpriority Creditor's Name Opened 12/01/10 Last Active 1700 W Cortland St Ste 2 When was the debt incurred? 12/27/10 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Radiology Consultants ■ Other. Specify Of Rockf ☐ Yes

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Debtor 1 Barbara Mackey Case number (if know) 4.5 \$293.00 Comenity Bank/bergners Last 4 digits of account number 9792 Nonpriority Creditor's Name Opened 11/01/14 Last Active 3100 Easton Square PI When was the debt incurred? 4/02/16 Columbus, OH 43219 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Charge Account 4.6 **Creditors Protection S** Last 4 digits of account number 7500 \$924.00 Nonpriority Creditor's Name 308 W State St Ste 485 When was the debt incurred? Opened 6/01/15 Rockford, IL 61101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collection Attorney Ortho Assoc Of N II 4.7 **Creditors Protection S** \$829.00 Last 4 digits of account number 9991 Nonpriority Creditor's Name Opened 3/01/12 Last Active 308 W State St Ste 485 When was the debt incurred? 4/16/13 Rockford, IL 61101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Physicians Immediate** ☐ Yes Other. Specify Care

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Case number (if know)

| DCDIO | Barbara Mackey | | Case Harriber (II know) | | |
|----------|---|--|--|-------------|--|
| 4.8 | Creditors Protection S | Last 4 digits of account number | 9660 | \$228.00 | |
| | Nonpriority Creditor's Name 308 W State St Ste 485 Rockford, IL 61101 | When was the debt incurred? | Opened 3/01/12 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | ■ Other. Specify Physicians | Attorney Rockford Health | | |
| 4.9 | Dept Of Ed/navient | Last 4 digits of account number | 0721 | \$60,250.00 | |
| | Nonpriority Creditor's Name | | Opened 7/01/04 Last Active | | |
| | Po Box 9635 Wilkes Barre, PA 18773 | When was the debt incurred? | 4/30/16 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | ☐ Yes | Other. Specify | | | |
| | | Educationa | 1 | | |
| 4.1 0 | DirectTV | Last 4 digits of account number | | \$455.63 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept. | When was the debt incurred? | 02/2015 | | |
| | PO Box 6414 | When was the dept incurred: | 02/2013 | | |
| | Carol Stream, IL 60197-6414 | _ | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | _ | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | | | | |
| | At least one of the debtors and another | Student loans | | | |
| | ☐ Check if this claim is for a community debt | _ | protion agreement or diverse that were did and | | |
| | Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharir | ng plans, and other similar debts | | |
| | ☐ Yes | ■ Other Specify Utilities | | | |
| | • | - Other opening | | | |

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Case number (if know) Debtor 1 Barbara Mackey 4.1 \$106.00 **Dvra Billing** A192 Last 4 digits of account number Nonpriority Creditor's Name Opened 6/12/15 Last Active 2701 Loker Av West When was the debt incurred? 3/17/16 Carlsbad, CA 92008 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Installment Sales Contract ☐ Yes 4.1 **Edc/stateline Rental P** 8626 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 3/01/15 Last Active When was the debt incurred? 8/03/15 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Rental Agreement 4.1 **Grand Canyon Universit** 2802 \$920.00 Last 4 digits of account number Nonpriority Creditor's Name 3300 W Camelback Rd When was the debt incurred? Opened 6/01/13 Phoenix, AZ 85017 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Unsecured Other. Specify

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Debtor 1 Barbara Mackey Case number (if know) 4.1 Midnight Velvet **4550** \$933.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 3/05/10 Last Active 1112 7th Ave When was the debt incurred? 7/05/12 Monroe, WI 53566 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Unsecured Other. Specify 4.1 **Monroe And Main** 4110 \$257.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/21/11 Last Active 1112 7th Avenue When was the debt incurred? 7/05/12 Monroe, WI 53566 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Unsecured Other. Specify 4.1 4727 **Mutual Management Serv** \$759.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 7177 Crimson Ridge Dr St When was the debt incurred? Opened 7/01/14 Rockford, IL 61107 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Swedish American Mso** Other. Specify ☐ Yes

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| Debtor | 1 Barbara Mackey | | Case number (if know) | | | | | | |
|----------|---|--|---|----------|--|--|--|--|--|
| 4.1 7 | Mutual Management Serv | Last 4 digits of account number | 0190 | \$190.00 | | | | | |
| | Nonpriority Creditor's Name 7177 Crimson Ridge Dr St Rockford, IL 61107 | When was the debt incurred? | Opened 5/01/12 | · | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | , | , | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | | |
| | Yes | ■ Other. Specify E | Attorney Swedish American Mso | | | | | | |
| 4.1 | Mutual Management Serv Nonpriority Creditor's Name | Last 4 digits of account number | 5562 | \$111.00 | | | | | |
| | 7177 Crimson Ridge Dr St Rockford, IL 61107 | When was the debt incurred? | | | | | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim i | s: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | _ | | | | | | | |
| | Debtor 1 only | Contingent | | | | | | | |
| | Debtor 2 only | Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | | | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | | | | |
| | No | Debts to pension or profit-sharin | | | | | | | |
| | □ Yes | | Attorney Swedish American Mso | | | | | | |
| 4.1 | Mutual Management Serv | Last 4 digits of account number | 2627 | \$67.00 | | | | | |
| | Nonpriority Creditor's Name 7177 Crimson Ridge Dr St Rockford, IL 61107 | When was the debt incurred? | Opened 12/01/12 | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | | |
| | ☐ Yes Collection Attorney Swedish American Mso E | | | | | | | | |

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| Debtor | Barbara Mackey | | Case number (if know) | | | | | | |
|--------|---|---|--|---------|--|--|--|--|--|
| 4.2 | Mutual Management Serv | Last 4 digits of account number | 0883 | \$58.00 | | | | | |
| | Nonpriority Creditor's Name 7177 Crimson Ridge Dr St Rockford, IL 61107 | When was the debt incurred? | Opened 4/01/10 | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | • | | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | | |
| | ☐ Yes | ■ Other. Specify Inc | Attorney Swedish American Mso | | | | | | |
| 4.2 | Mutual Management Serv Nonpriority Creditor's Name | Last 4 digits of account number | 3232 | \$50.00 | | | | | |
| | 7177 Crimson Ridge Dr St Rockford, IL 61107 | When was the debt incurred? | | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | _ | | | | | | | |
| | Debtor 1 only | Contingent | | | | | | | |
| | Debtor 2 only | Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | d alatan | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | | | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | | | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | | | | |
| | □ Yes | · | Attorney Swedish American Mso | | | | | | |
| 4.2 | Mutual Management Serv | Last 4 digits of account number | 4376 | \$42.00 | | | | | |
| | Nonpriority Creditor's Name 7177 Crimson Ridge Dr St Rockford, IL 61107 | When was the debt incurred? | Opened 1/01/13 | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | | |
| | Collection Attorney Swedish American Mso ■ Other. Specify E | | | | | | | | |

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Case number (if know)

| Debtor | 1 Barbara Mackey | | Case number (if know) | | | | | |
|----------|--|--|---|----------|--|--|--|--|
| 4.2 | Mutual Management Serv | Last 4 digits of account number | 1483 | \$34.00 | | | | |
| | Nonpriority Creditor's Name 7177 Crimson Ridge Dr St Rockford, IL 61107 | When was the debt incurred? | Opened 6/01/12 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | |
| | Yes | Other. Specify E | Attorney Swedish American Mso | | | | | |
| | National Act Nonpriority Creditor's Name | Last 4 digits of account number | 4395 | \$137.00 | | | | |
| | Pob 44207 Madison, WI 53744 | When was the debt incurred? | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | | |
| | No | Debts to pension or profit-sharir | | | | | | |
| | ☐ Yes | | ford Rehabilitation Medici | | | | | |
| 42 | | | | | | | | |
| 4.2 5 | Pinnacle Credit Servic | Last 4 digits of account number | 2728 | \$862.00 | | | | |
| | Po Box 640 Hopkins, MN 55343 | When was the debt incurred? | Opened 12/01/13 Last Active 12/03/10 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Debtor 1 only | Пол | | | | | | |
| | | | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated☐ Disputed | | | | | | |
| | Debtor 1 and Debtor 2 only | d claim: | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | u Juiiii | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | | | | | |
| | ■ No □ Debts to pension or profit-sharing plans, and other similar debts | | | | | | | |
| | ☐ Yes | | Company Account Verizon | | | | | |

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Case number (if know)

| DCDI | Darbara Wackey | | | | | | | |
|----------|--|---|---|------------|--|--|--|--|
| 4.2 6 | Rockford Mercantile | Last 4 digits of account number | 9789 | \$123.00 | | | | |
| | Nonpriority Creditor's Name 2502 S Alpine Rd Rockford, IL 61108 | When was the debt incurred? | Opened 12/01/15 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | Yes | Collection System/Rm | Attorney Rockford Health Ih | | | | | |
| 4.2 7 | Santander Consumer Usa | Last 4 digits of account number | 1000 | \$4,218.00 | | | | |
| | Nonpriority Creditor's Name Po Box 961245 Ft Worth, TX 76161 | When was the debt incurred? | Opened 5/01/06 Last Active 1/24/12 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing | \square Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | Other. Specify Automobile | 9 | | | | | |
| 4.2 8 | Security Fin | Last 4 digits of account number | 6IL1 | \$330.00 | | | | |
| | Nonpriority Creditor's Name C/o Security Finan Spartanburg, SC 29304 | When was the debt incurred? | Opened 8/14/09 Last Active 8/14/09 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | ☐ Yes | ■ Other. Specify Unsecured | | | | | | |

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Debtor 1 Barbara Mackey Case number (if know) 4.2 Security Fin 1041 \$0.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Opened 5/14/09 Last Active C/o Security Finan When was the debt incurred? 7/24/09 Spartanburg, SC 29304 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Unsecured Other. Specify 4.3 Security Fin 1041 \$0.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 1/15/09 Last Active C/o Security Finan When was the debt incurred? 5/14/09 Spartanburg, SC 29304 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Unsecured 4.3 Security Fin 1041 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 11/04/08 Last Active C/o Security Finan When was the debt incurred? 1/05/09 Spartanburg, SC 29304 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Unsecured ☐ Yes

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Debtor 1 Barbara Mackey Case number (if know) 4.3 Security Fin 1041 \$0.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Opened 8/22/08 Last Active C/o Security Finan When was the debt incurred? 10/24/08 Spartanburg, SC 29304 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Unsecured Other. Specify 4.3 Security Fin 1041 Unknown Last 4 digits of account number Nonpriority Creditor's Name Opened 12/06/07 Last Active C/o Security Finan 3/04/08 When was the debt incurred? Spartanburg, SC 29304 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Unsecured 4.3 Stateline Rental Properties \$300.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? 04/2014 920 22nd St. Rockford, IL 61108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Broken Lease** Other. Specify

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Debtor 1 Barbara Mackey Case number (if know) 4.3 Us Dept Ed F002 \$0.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Opened 7/20/06 Last Active **Pob Box 5200** When was the debt incurred? 1/28/06 Greenville, TX 75403 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.3 Us Dept Ed F001 \$0.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 7/20/06 Last Active **Pob Box 5200** When was the debt incurred? 1/28/06 Greenville, TX 75403 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Educational 4.3 **World Finance Corp** 8701 \$1,260.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 8/14/09 Last Active When was the debt incurred? 10/31/09 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Secured** Other. Specify

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Case number (if know)

| Debtor | 1 Barba | ara N | /lackey | | Case nu | umber (if know) | | | |
|--|--|-------------------------------------|---|--|-----------------|---------------------------------------|-------------------------|--|--|
| 4.3 | | | nce Corp | Last 4 digits of account number | 9401 | | \$0.00 | | |
| | Nonpriority | y Cred | litor's Name | When was the debt incurred? | Openo 8/14/0 | ed 3/01/09 Last Active | | | |
| | | | | | | | | | |
| | | | City State Zlp Code he debt? Check one. | As of the date you file, the claim | is: Check | all that apply | | | |
| | _ | | | Пол | | | | | |
| | ■ Debtor | | , | Contingent | | | | | |
| | ☐ Debtor | | • | ☐ Unliquidated | | | | | |
| | | | d Debtor 2 only of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | | | | | |
| | | | or the deptors and another s claim is for a community | ☐ Student loans | a olalili. | | | | |
| | debt | | ŕ | ☐ Obligations arising out of a sepa | aration agr | eement or divorce that you did not | | | |
| | _ | m su | bject to offset? | report as priority claims | | | | | |
| | ■ No | | | ☐ Debts to pension or profit-sharing | ng plans, a | nd other similar debts | | | |
| | ☐ Yes | | | Other. Specify Secured | | | | | |
| 4.3 | World F | inar | nce Corp | Last 4 digits of account number | 7201 | | \$0.00 | | |
| 9 | | | litor's Name | Last 4 digits of account number | | | 40.00 | | |
| | | | | When was the debt incurred? | Openo 3/27/0 | ed 9/01/08 Last Active | | | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | | · | As of the date you file, the claim | is: Check | all that apply | | | |
| | ■ Debtor 1 only | | у | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | | у | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | | | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | | | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | | | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | | | Debts to pension or profit-sharing | ng plans, a | nd other similar debts | | | |
| | ☐ Yes | | | Other. Specify Secured | | | | | |
| Part 3: | L ist O | thers | to Be Notified About a Debt | That You Already Listed | | | | | |
| 5. Use th is tryir have r notifie | is page on ng to colle nore than ed for any o | ly if y ct fro one c debts | rou have others to be notified abo m you for a debt you owe to som reditor for any of the debts that y in Parts 1 or 2, do not fill out or s | out your bankruptcy, for a debt that yeene else, list the original creditor in ou listed in Parts 1 or 2, list the add submit this page. | n Parts 1 o | or 2, then list the collection agency | here. Similarly, if you | | |
| Part 4: | | | nounts for Each Type of Uns | | | | | | |
| | the amoun f unsecure | | | s. This information is for statistical r | eporting p | ourposes only. 28 U.S.C. §159. Add | the amounts for each | | |
| | | 0- | Damastia ammant ablimations | | 0- | Total Claim | | | |
| 1 | Γotal | 6a. | Domestic support obligations | | 6a. | \$ | | | |
| cla from Pa | aims | 6h | Taxas and partain other debts y | ou owe the government | 6b. | Φ 0.00 | | | |
| II OIII F | ait i | 6b. 6c. | Taxes and certain other debts y Claims for death or personal inj | - | 6c. | \$ 0.00 \$ 0.00 | | | |
| | | 6d. | | ured claims. Write that amount here. | 6d. | \$ 0.00 | | | |
| | | 6e. | Total Priority. Add lines 6a through | ah 6d. | 6e. | \$ 0.00 | | | |
| | | | - | _ | | | | | |
| | | 6f. | Student loans | | 6f. | Total Claim \$ 60,250.00 | | | |
| | Total | | | | | | | | |
| from P | aims art 2 | 6g. | Obligations arising out of a sep you did not report as priority cla | aration agreement or divorce that aims | 6g. | \$ 0.00 | | | |

Official Form 106 E/F

Page 33 of 59 Case number (if know) Debtor 1 Barbara Mackey

| 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
|-----|---|-----|-----------------|
| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 14,540.63 |
| 6i. | Total Nonpriority. Add lines 6f through 6i. | 6i. | \$ 74 790 63 |

Official Form 106 E/F

| | | 12(12) | 111111111111111111111111111111111111 | |
|---------------------|--------------------------|-------------------|--------------------------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Barbara Mackey | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| I | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | h whom you have the cer, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | 0.1 | | 01.1 | 710.0 | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | 0.1 | | 0 1.1 | 710.0 | _ |
| 0.4 | City | | State | ZIP Code | |
| 2.4 | | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | - |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | N | | | | _ |
| | Number | Street | | | |
| | Oit. | | 04-4- | 710.0-4- | _ |
| | City | | State | ZIP Code | |

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| | | DOGDINE | <u> </u> | 11.09 | |
|--------------------------------|---|---------------------------|------------------------|--------------------------|---|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Barbara Mackey | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | g) First Name | Middle Name | Last Name | | |
| | | NORTHERN DISTRICT | OE ILLINOIS | | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numb | per | | | | Charle if this is an |
| (II KIIOWII) | | | | | Check if this is an amended filing |
| | | | | | g |
| Official | Form 106H | | | | |
| Sched | ule H: Your Cod | ebtors | | | 12/15 |
| our name | nd number the entries in the and case number (if known) you have any codebtors? (If | . Answer every question | | | of any Additional Pages, write |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| Arizona No. | nin the last 8 years, have you a, California, Idaho, Louisiana, Go to line 3. . Did your spouse, former spou | Nevada, New Mexico, Pu | erto Rico, Texas, Wash | | tates and territories include |
| in line Form 1 | 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make | sure you have listed the | with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor lame, Number, Street, City, State and Zl | P Code | | Column 2: The credi | tor to whom you owe the debt that apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | Number Street City | State | ZIP Code | <u> </u> | |
| | | | | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | · |
| | Number Street | | | _ | |
| C | City | State | ZIP Code | | |

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| | in this information to identify your btor 1 Barbara M | | | | | | | | | |
|-------------------|--|---|----------------------------------|------------|------|---------------|-------------------------------|---------------|--------------|----------|
| | btor 2 | | | | | | | | | |
| | ited States Bankruptcy Court for th | ne: NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | | |
| (If kr | se number nown) | | - | | | ☐ An | | | | |
| | fficial Form 106l | | | | | MN | // DD/ Y | YYY | | |
| S | chedule I: Your Ind | come | | | | | | | | 12/15 |
| spo atta Pa | plying correct information. If you see. If you are separated and you has separate sheet to this form The separate sheet to this form Describe Employment | our spouse is not filing w n. On the top of any additi | ith you, do not inclu | ıde infor | mati | on about y | our spo | use. If more | e space is | needed, |
| 1. | information. | | Debtor 1 | | | ı | Debtor 2 or non-filing spouse | | | |
| | If you have more than one job, attach a separate page with | Employment status | ■ Employed | | | | ☐ Employed | | | |
| | information about additional employers. | | ☐ Not employed | | | | ☐ Not employed | | | |
| | | Occupation | Daycare Provider | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Self Employed | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 2516 Lawndale Rockford, IL 61 | | | | | | | |
| | | How long employed t | here? 1year | | | | | | | |
| Pai | rt 2: Give Details About Me | onthly Income | | | | | | | | |
| | mate monthly income as of the use unless you are separated. | date you file this form. If | you have nothing to I | report for | any | line, write S | \$0 in the | space. Inclu | ıde your no | n-filing |
| | ou or your non-filing spouse have r e space, attach a separate sheet t | | ombine the information | on for all | empl | oyers for th | at perso | n on the line | es below. If | you need |
| | | | | | | For Debt | or 1 | For Debte | | |
| 2. | List monthly gross wages, sa deductions). If not paid monthly | | | 2. | \$ | 2,8 | 23.61 | \$ | N/A | - |
| 3. | Estimate and list monthly ove | rtime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | - |

2,823.61

N/A

Calculate gross Income. Add line 2 + line 3.

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| Deb | tor 1 | Barbara Mackey | - | С | ase ı | number (<i>if known</i>) | | | | |
|-----|-----------------------------|---|------------|----------|--------|----------------------------|------|--------------------|----------------|------------------|
| | | | | | | Debtor 1 | non- | Debtor filing s | spouse | |
| | Cop | by line 4 here | 4. | ; | \$ | 2,823.61 | \$ | | N/A | <u> </u> |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | . : | \$ | 68.20 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | | \$ | 0.00 | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | . : | \$ | 0.00 | \$ | | N/A | <u> </u> |
| | 5d. | Required repayments of retirement fund loans | 5d. | . : | \$ | 0.00 | \$ | | N/A | <u> </u> |
| | 5e. | Insurance | 5e. | | \$ | 0.00 | \$ | | N/A | \ |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | \$ | | N/A | _ |
| | 5g. | Union dues | 5g. | | \$ | 0.00 | \$ | | N/A | |
| | 5h. | Other deductions. Specify: | _ 5h. | .+ : | \$ | | + \$ | | N/A | <u> </u> |
| 6. | Add | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | 9 | _ | 68.20 | \$ | | N/A | <u> </u> |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | 9 | | 2,755.41 | \$ | | N/A | <u>\</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | . ; | \$ | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | . : | \$ | 0.00 | \$ | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | . : | \$ | 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d. | . : | \$ | 0.00 | \$ | | N/A | <u> </u> |
| | 8e. | Social Security | 8e. | . : | \$ | 831.00 | \$ | | N/A | <u> </u> |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f. 8g. | | \$ | 0.00 | \$ | | N/A N/A | |
| | 8h. | Other monthly income. Specify: | 8h. | | \$ | 0.00 | | | N/A | _ |
| | 011. | | _ | | | 0.00 | ` | | | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 831.00 | \$ | | N/ | A |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 3,586.41 + \$ | | N/A | = \$ | 3,586.41 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | - | | | | | | 0,000 |
| 11. | Star Incli othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | depe | | , | | • | | e J. +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | | | 12. | \$ | 3,586.41 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | ? | | | | | | Combi month | ned ly income |
| | | No. | | | | | | | | |

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| Fill i | in this information to identify your case: | | 1 | | |
|-------------|--|--------------------------|-----------------|---|-------------------------------|
| Debt | tor 1 Barbara Mackey | | Chec | ck if this is: | |
| Debt | | | | An amended filing A supplement show 13 expenses as of | wing postpetition chapter |
| ` ' | , | LINOIC | | | |
| Unite | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF ILI | LINOIS | | MM / DD / YYYY | |
| | e number nown) | | | | |
| | fficial Form 106J | | | | |
| | chedule J: Your Expenses | filip v to votlog b | -41 | | 12/1 |
| info | as complete and accurate as possible. If two married people ormation. If more space is needed, attach another sheet to the nber (if known). Answer every question. | | | | |
| Part | Describe Your Household Is this a joint case? | | | | |
| 1. | ■ No. Go to line 2. | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | ☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expen</i> | ses for Separate House | ehold of Deb | tor 2. | |
| 2. | Do you have dependents? ■ No | | | | |
| | Do not list Debtor 1 and Debtor 2. | | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | | | | □ Yes □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| | | | | | ☐ Yes |
| | | | | | □ No |
| 3. | Do your expenses include | | | | ☐ Yes |
| J. | expenses of people other than yourself and your dependents? | | | | |
| Esti exp | t 2: Estimate Your Ongoing Monthly Expenses imate your expenses as of your bankruptcy filing date unless senses as of a date after the bankruptcy is filed. If this is a solicable date. | | | | |
| the | lude expenses paid for with non-cash government assistand value of such assistance and have included it on <i>Schedule</i> ficial Form 106I.) | | | Your exp | enses |
| 4. | The rental or home ownership expenses for your residence payments and any rent for the ground or lot. | e. Include first mortgag | e 4. \$ | 8 | 850.00 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. \$ | S | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 21.00 |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 0.00 |
| 5. | Homeowner's association or condominium dues Additional mortgage payments for your residence, such as | home equity loans | 4d. \$ 5. \$ | | 0.00 |

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| ebto | or 1 Barbara | a Mackey | Case num | ber (if known) | |
|-----------------------|---|---|-------------|----------------|--------------------------|
| . ı | Jtilities: | | | | |
| | | /, heat, natural gas | 6a. | \$ | 190.00 |
| | | ewer, garbage collection | 6b. | | 0.00 |
| | | ne, cell phone, Internet, satellite, and cable services | 6c. | | 386.00 |
| | 6d. Other. Sp | | 6d. | | 0.00 |
| | | sekeeping supplies | 7. | | 400.00 |
| | | children's education costs | 7. 8. | \$ | |
| | | | o. 9. | · | 0.00 |
| | | dry, and dry cleaning | | \$ | 100.00 |
| | | products and services | 10. | · | 75.00 |
| | | ental expenses | 11. | \$ | 50.00 |
| | | n. Include gas, maintenance, bus or train fare. | 12. | ¢ | 225.00 |
| | Do not include | | 13. | · | |
| | | , clubs, recreation, newspapers, magazines, and books | | · - | 50.00 |
| | | tributions and religious donations | 14. | \$ | 0.00 |
| | nsurance. | | | | |
| | | insurance deducted from your pay or included in lines 4 or 20. | 45- | ¢. | |
| | 15a. Life insur | | 15a. | | 0.00 |
| | 15b. Health in | | 15b. | | 0.00 |
| 1 | 15c. Vehicle ir | nsurance | 15c. | · | 160.00 |
| 1 | 15d. Other ins | urance. Specify: | 15d. | \$ | 0.00 |
| | | nclude taxes deducted from your pay or included in lines 4 or 20. | | | |
| , | Specify: | · | 16. | \$ | 0.00 |
| '. I | nstallment or | lease payments: | | | |
| 4 | 17a. Car payn | nents for Vehicle 1 | 17a. | \$ | 284.00 |
| - | 17b. Car payn | nents for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Sp | pecify: | 17c. | \$ | 0.00 |
| | 17d. Other. Sp | - | 17d. | · - | 0.00 |
| | | s of alimony, maintenance, and support that you did not report as | | <u> </u> | 0.00 |
| | | your pay on line 5, Schedule I, Your Income (Official Form 106I). | | \$ | 0.00 |
| | | ts you make to support others who do not live with you. | _' | \$ | 0.00 |
| | Specify: | ··· ,··· ··· ··· ,··· ·· ,··· ·· ·· ·· · | 19. | Ť | 0.00 |
| | | perty expenses not included in lines 4 or 5 of this form or on Sch | | our Income | |
| | | es on other property | 20a. | | 0.00 |
| | 20b. Real esta | | 20b. | | 0.00 |
| | | | 20c. | | |
| | | homeowner's, or renter's insurance | | | 0.00 |
| | | nce, repair, and upkeep expenses | 20d. | · | 0.00 |
| | | ner's association or condominium dues | 20e. | · | 0.00 |
| . (| Other: Specify: | Birthdays/Holidays/Haircuts | 21. | +\$ | 50.00 |
| 5 | Social Secur | ity | | +\$ | 700.00 |
| _ | | 41 | | | |
| | - | monthly expenses | | | |
| | | 4 through 21. | | \$ | 3,541.00 |
| 2 | 22b. Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 2 | 22c. Add line 22 | 2a and 22b. The result is your monthly expenses. | | \$ | 3,541.00 |
| | 0-11-1 | an and the said for a second | | | |
| | | monthly net income. | | • | |
| | | e 12 (your combined monthly income) from Schedule I. | 23a. | | 3,586.41 |
| 2 | 23b. Copy you | r monthly expenses from line 22c above. | 23b. | -\$ | 3,541.00 |
| | | | | | · |
| | | your monthly expenses from your monthly income. | 00- | · | AE AA |
| 2 | | It is your monthly net income. | 23c. | \$ | 45.41 |
| 2 | The resu | | | | |
| 4. [| Do you expect | an increase or decrease in your expenses within the year after y | | | |
| 1. [F | Do you expect For example, do y | an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you e terms of your mortgage? | | | se or decrease because o |
| 4. [F r | Do you expect For example, do y | ou expect to finish paying for your car loan within the year or do you expect you | | | se or decrease because o |

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| Debtor 1 | Barbara Mackey | | | |
|--------------------|-------------------------|-------------------|-------------|--------------------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| Inited States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | |
| if known) | | | | ☐ Check if this is ar amended filing |

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| | Sign Below | | | | | | |
|-----|---|------|--|--|--|--|--|
| Die | Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | |
| | No | | | | | | |
| | Yes. Name of person | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) | | | | |
| | der penalty of perjury, I declare that I have read the summary a t they are true and correct. | nd s | chedules filed with this declaration and | | | | |
| X | /s/ Barbara Mackey | X | | | | | |
| | Barbara Mackey | | Signature of Debtor 2 | | | | |
| | Signature of Debtor 1 | | | | | | |
| | Date May 18, 2016 | | Date | | | | |

Official Form 106Dec

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| 5 1 | | | | |
|---|--|--|---|--|
| Debtor 1 | Barbara Mackey First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT OF IL | LINOIS | |
| Case number (if known) | | | | ☐ Check if this is an amended filing |
| Be as complete | t of Financial A | ole. If two married people are fi | Ils Filing for Bankruptcy ling together, both are equally respon form. On the top of any additional pag | sible for supplying correct |
| | | ital Status and Where You Live | ed Before | |
| 1. What is you | ur current marital status | 6? | | |
| ☐ Marrie | _ | | | |
| ■ Not ma | arrieu | | | |
| | | ived anywhere other than whe | re you live now? | |
| 2. During the | | ived anywhere other than when | re you live now? | |
| 2. During the | last 3 years, have you li | ived anywhere other than when | | |
| During the □ No ■ Yes. Li | last 3 years, have you li | · | | Dates Debtor 2 lived there |
| During the No Yes. Li Debtor 1 P | last 3 years, have you li | red in the last 3 years. Do not inc Dates Debtor 1 | lude where you live now. | |
| During the No Yes. Li Debtor 1 P 2516 Law Rockford | last 3 years, have you livist all of the places you liverior Address: Indiale Ave 1, IL 61101 | Dates Debtor 1 lived there From-To: | lude where you live now. Debtor 2 Prior Address: | lived there ☐ Same as Debtor 1 |
| During the No Yes. Li Debtor 1 P 2516 Law Rockford 5519 Coll Rockford | last 3 years, have you living all of the places you living a livin | Dates Debtor 1 lived there From-To: 12/2015- Current | Debtor 2 Prior Address: | lived there ☐ Same as Debtor 1 From-To: ☐ Same as Debtor 1 |

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Case number (if known) Document Debtor 1 Barbara Mackey

| Pai | ti 2 Ex | plain the Sources of Yo | ur Income | | | |
|------------|----------------------------|--|---|--|--|---|
| l. | Fill in the | total amount of income y | mployment or from operating our received from all jobs and a unlaw income that you receive | all businesses, including part- | | ndar years? |
| | □ No | | | | | |
| | Yes. | Fill in the details. | | | | |
| | | | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | y 1 of current year until filed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$8,478.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| | r last caler nuary 1 to | ndar year: December 31, 2015) | ■ Wages, commissions, bonuses, tips | \$16,830.04 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| | | dar year before that: December 31, 2014) | ■ Wages, commissions, bonuses, tips | \$9,000.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |
| | □ No | source and the gross inc | ome from each source separa | itely. Do not include income th | nat you listed in line 4. | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| | | y 1 of current year until filed for bankruptcy: | Social Security | \$4,075.00 | | |
| | r last caler nuary 1 to | ndar year: December 31, 2015) | Social Security | \$9,756.00 | | |
| | | dar year before that: December 31, 2014) | Social Security | \$9,756.00 | | |
| | | | | | | |
| Pa | rt 3: Lis | t Certain Payments Yoւ | Made Before You Filed for | Bankruptcy | | |
| ò . | Are eithe ☐ No. | Neither Debtor 1 nor I | 2's debts primarily consume Debtor 2 has primarily consume a personal, family, or househo | u <mark>mer debts.</mark> Consumer debts | s are defined in 11 U.S.C. § 10 | 1(8) as "incurred by an |
| | | □ No. Go to line ? □ Yes List below | each creditor to whom you pa | id a total of \$6,425* or more i | n one or more payments and t | |
| | | paid that c | reditor. Do not include paymer | nts for domestic support oblig | ations, such as child support a | and alimony. Also, do |

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Case number (if known) Debtor 1 Barbara Mackey

| | | nents to an attorney for this ban 1/01/19 and every 3 years after | | or after the date | of adjustment. | |
|-----|--|--|--|---|---|--|
| | Yes. Debtor 1 or Debtor 2 or bor During the 90 days before yo | th have primarily consumer dou filed for bankruptcy, did you p | | al of \$600 or more | ? | |
| | □ No. Go to line 7. | | | | | |
| | Yes List below each include payment | creditor to whom you paid a tota is for domestic support obligation bankruptcy case. | | | | |
| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this p | ayment for |
| | Credit Acceptance Corp. PO Box 5070 Southfield, MI 48086 | Monthly | \$284.00 | \$0.00 | ☐ Mortgag ■ Car ☐ Credit C ☐ Loan Re ☐ Supplier ☐ Other | ard payment s or vendors |
| 7. | Within 1 year before you filed for ban Insiders include your relatives; any gene of which you are an officer, director, per a business you operate as a sole proprie alimony. No Yes. List all payments to an insider | eral partners; relatives of any ge son in control, or owner of 20% etor. 11 U.S.C. § 101. Include pa | neral partners; partne or more of their votin | erships of which y g securities; and a | ou are a gener any managing a | al partner; corporations agent, including one for |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for ban insider? Include payments on debts guaranteed | | yments or transfer a | any property on a | account of a d | lebt that benefited an |
| | No | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment ditor's name |
| Par | t 4: Identify Legal Actions, Reposse | essions, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for ban List all such matters, including personal modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | ne case |
| 10. | Within 1 year before you filed for ban Check all that apply and fill in the details | | perty repossessed, f | oreclosed, garni | shed, attache | d, seized, or levied? |
| | No. Go to line 11. | | | | | |
| | Yes. Fill in the information below. | | | _ | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happene | ed | | | property |

7.

8.

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| 11. | Within 90 days before you filed for bankr accounts or refuse to make a payment be No Yes. Fill in the details. Creditor Name and Address | | did any creditor, including a bank or financial insegon owed a debt? | titution, set off any a | mounts from your |
|-----|---|---------|--|---|--------------------------|
| | Creditor Name and Address | De | escribe the action the creditor took | Date action was taken | Amount |
| 12. | Within 1 year before you filed for bankry court-appointed receiver, a custodian, o ■ No □ Yes | | vas any of your property in the possession of an a ner official? | nssignee for the bene | efit of creditors, a |
| Pai | List Certain Gifts and Contribution | าร | | | |
| 13. | Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift. | ruptcy, | did you give any gifts with a total value of more th | nan \$600 per person <i>′</i> | ? |
| | Gifts with a total value of more than \$6 per person | | Describe the gifts | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | |
| 14. | Within 2 years before you filed for bank ■ No □ Yes. Fill in the details for each gift or | | did you give any gifts or contributions with a tota | I value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Coo | | Describe what you contributed | Dates you contributed | Value |
| Pai | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | iptcy o | r since you filed for bankruptcy, did you lose anyt | hing because of thef | t, fire, other disaster, |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Describe the property you lost and how the loss occurred | Includ | ibe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| Pai | t 7: List Certain Payments or Transfer | s | | | |
| 16. | consulted about seeking bankruptcy or | prepari | lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services required | , , | rty to anyone you |
| | □ No■ Yes. Fill in the details. | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
| | Springer Law Firm 2222 E State St, Suite 107 Rockford, IL 61104 | | Legal Fees | 05/2016 | \$500.00 |

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Debtor 1 **Barbara Mackey**

| | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. | | | | | | | | |
|-----|--|--|--|-------------------|--|---|--|--|--|
| | Person Who Was Paid Address | Description and variansferred | alue of any prope | erty | Date payment or transfer was made | Amount of payment | | | |
| | Within 2 years before you filed for bankrupte transferred in the ordinary course of your but include both outright transfers and transfers mainclude gifts and transfers that you have alread No Yes. Fill in the details. | usiness or financial affa ade as security (such as | airs? the granting of a se | | | | | | |
| | Person's relationship to you | Description and v | | | ny property or eceived or debts hange | Date transfer was made | | | |
| | Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of wh beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | | | | |
| | Name of trust | Description and v | value of the property transferred | | | Date Transfer was | | | |
| | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc ■ No ■ Yes. Fill in the details. | or other financial accou ciations, and other final | nts; certificates o ncial institutions. | f deposit; sha | res in banks, credit | unions, brokerage | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accoun instrument | clos mov | e account was ed, sold, red, or sferred | Last balance before closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 you cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution | wear before you filed for who else had acc Address (Number, S | cess to it? | safe deposit | · | Do you still have it? | | | |
| 22. | Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit of | State and ZIP Code) | , ,, | ear hefore vou | ı filed for hankruntcı | | | | |
| 22. | □ No ■ Yes. Fill in the details. | n place outer than your | nome want i ye | sai selole you | . med for bankapte | ,- | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | to it? | to it? Address (Number, Street, City, | | Describe the contents | | | | |
| | CubeSmart Self Storage 3015 N Main St. Rockford, IL 61103 | Barbara Macke 2516 Lawndale Rockford, IL 61 | Ave n | urniture, whoving | ile in process of | ■ No □ Yes | | | |

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Case number (if known) Document

Debtor 1 **Barbara Mackey**

| Par | rt 9: Identify Property You Hold or Control for S | omeone Else | | | |
|-----|--|--|-------|-------------------------------------|-----------------------|
| 23. | Do you hold or control any property that someon for someone. | ne else owns? Include any proper | ty yo | ou borrowed from, are storing for | , or hold in trust |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Des | scribe the property | Value |
| Par | rt 10: Give Details About Environmental Informat | tion | | | |
| For | the purpose of Part 10, the following definitions a | pply: | | | |
| | Environmental law means any federal, state, or lotoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances. | , land, soil, surface water, ground | _ | • | |
| | Site means any location, facility, or property as d to own, operate, or utilize it, including disposal s | | law, | whether you now own, operate, o | or utilize it or used |
| | Hazardous material means anything an environm hazardous material, pollutant, contaminant, or si | | s was | ste, hazardous substance, toxic s | substance, |
| Rep | port all notices, releases, and proceedings that you | u know about, regardless of wher | n the | y occurred. | |
| 24. | Has any governmental unit notified you that you | may be liable or potentially liable | und | ler or in violation of an environme | ental law? |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any r | elease of hazardous material? | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or administ | rative proceeding under any envi | ironn | nental law? Include settlements a | and orders. |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nat | ture of the case | Status of the case |
| Par | rt 11: Give Details About Your Business or Conn | ections to Any Business | | | |
| 27. | Within 4 years before you filed for bankruptcy, di | id you own a business or have ar | ny of | the following connections to any | business? |
| | ■ A sole proprietor or self-employed in a tra | ade, profession, or other activity, | eith | er full-time or part-time | |
| | ☐ A member of a limited liability company (| | | | |
| | ☐ A partner in a partnership | , | . ` | • | |
| | ☐ An officer, director, or managing executiv | ve of a corporation | | | |
| | ☐ An owner of at least 5% of the voting or e | · | | | |

Page 47 of 59 Case number (if known) Document Debtor 1 **Barbara Mackey** ☐ No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed **Daycare Provider** EIN: **Daycare** 2516 Lawndale Ave From-To 07/2015- Current Rockford, IL 61101 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Barbara Mackey **Barbara Mackey** Signature of Debtor 2 Signature of Debtor 1 Date May 18, 2016 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

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☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 16-81240

Doc 1

Filed 05/18/16

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| Fill in this infor | mation to identify your | case: | | | | |
|---------------------------------|---|----------------------|------------------|---|--------------------|---|
| Debtor 1 | Barbara Mackey | | | | | |
| | First Name | Middle Name | | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DIS | TRICT OF ILL | NOIS | | |
| Case number | | | | | | |
| (if known) | | | | | | ☐ Check if this is an amended filing |
| Official Fo | orm 108 | | | | | |
| Statemer | nt of Intentio | n for Indiv | /iduals | Filing Under | Chapter | 7 12/15 |
| If you are an ind | ividual filing under cha | pter 7, you must fil | II out this forn | n if: | | |
| creditors hav | e claims secured by yo | ur property, or | | | | |
| You must file thi | ever is earlier, unless th | ithin 30 days after | you file your | | | or the meeting of creditors, reditors and lessors you list |
| | eople are filing together | in a joint case, bo | oth are equally | responsible for supply | ying correct infor | mation. Both debtors must |
| | and accurate as possib our name and case nur | | s needed, atta | ch a separate sheet to | this form. On the | top of any additional pages, |
| Part 1: List Y | our Creditors Who Have | e Secured Claims | | | | |
| 1. For any credit | ors that you listed in Pa | art 1 of Schedule D |): Creditors W | ho Have Claims Secure | ed by Property (O | fficial Form 106D), fill in the |
| information be | | | | ou intend to do with the | | Did you claim the property as exempt on Schedule C? |
| | | | | | | |
| Creditor's C | Credit Acceptance Co | orp. | ■ Surrend | er the property. | | ■ No |
| name: | | | | he property and redeem | | ☐ Yes |
| Description of | 2006 Chevy Upland | der 144000 | | ne property and enter into nation Agreement. | оа | □ 162 |
| property securing debt: | miles Van | | ☐ Retain th | ne property and [explain]: | : | |
| Dort 2: List V | aur Unavaired Darsons | I Dramarty I acces | | | | |
| For any unexpire | our Unexpired Persona ed personal property le | ase that you listed | in Schedule | G: Executory Contracts | and Unexpired L | eases (Official Form 106G), fill |
| | on below. Do not list rea e an unexpired persona | | | | | ase period has not yet ended. |
| Describe your u | unexpired personal prop | perty leases | | | W | ill the lease be assumed? |
| Lessor's name: | | | | | | l No |
| Description of lea Property: | ased | | | | _ | Lv |
| . roporty. | | | | | | Yes |
| Lessor's name: | acad | | | | | l No |
| Description of lea Property: | aseu | | | | | Yes |
| Lessor's name: | | | | | П | l No |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| Del | otor 1 | Barbara Mackey | Case number (if known) | |
|--|----------|--|--|------------------------------|
| Des | scriptio | n of leased | | |
| Property: | | | | ☐ Yes |
| Lessor's name: Description of leased Property: | | | | □ No |
| | | | | ☐ Yes |
| Lessor's name: Description of leased Property: | | | | □ No |
| | | | | ☐ Yes |
| Lessor's name: Description of leased | | | | □ No |
| Property: | | | | ☐ Yes |
| Lessor's name: Description of leased | | | | □ No |
| Property: | | | | ☐ Yes |
| Pai | t 3: | Sign Below | | |
| | | alty of perjury, I declare that I hat is subject to an unexpired l | e indicated my intention about any property of my estate that sec se. | ures a debt and any personal |
| Χ | /s/ B | arbara Mackey | X | |
| | | oara Mackey | Signature of Debtor 2 | |
| | Signa | ature of Debtor 1 | | |
| | Date | May 18, 2016 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-81240 Doc 1 Filed 05/18/16 Entered 05/18/16 15:55:02 Desc Main Document Page 54 of 59

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Barbara Mackey | | Case No. | | |
|--------|--|---|--|---|--|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPE | NSATION OF ATTO | RNEY FOR DE | BTOR(S) | |
| С | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation of | g of the petition in bankruptcy | , or agreed to be paid t | o me, for services rendered or to | |
| | For legal services, I have agreed to accept | | \$ | 500.00 | |
| | Prior to the filing of this statement I have received. | | | 500.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. Т | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. Т | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. I | ■ I have not agreed to share the above-disclosed comp | ensation with any other person | unless they are memb | ers and associates of my law firm. | |
| I | ☐ I have agreed to share the above-disclosed compensations of the agreement, together with a list of the nar | | | | |
| 5. 1 | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| b c | a. Analysis of the debtor's financial situation, and render to Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of creditor. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on ho | ement of affairs and plan which ors and confirmation hearing, a educe to market value; ex ons as needed; preparation | h may be required; nd any adjourned hear emption planning; | ings thereof; preparation and filing of | |
| 6. E | By agreement with the debtor(s), the above-disclosed fer Representation of the debtors in any dis any other adversary proceeding. | e does not include the followin schargeability actions, jud | g service: icial lien avoidance | s, relief from stay actions or | |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of an ankruptcy proceeding. | y agreement or arrangement fo | r payment to me for re | presentation of the debtor(s) in | |
| M | ay 18, 2016 | /s/ Daniel A. Spri | nger | | |
| | ate | Daniel A. Spring Signature of Attorn Springer Law Fir 2222 E State St Suite 107 Rockford, IL 611 815.312.4725 | er ey m | | |
| | | dspringerlaw@g Name of law firm | iliali.com | | |

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Document

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Springer Law Firm

2222 East State St. # 107, Rockford, IL

815.312.4275

CHAPTER 7 RETAINER AGREEMENT

The undersigned agrees to hire Springer Law Firm to represent the undersigned in a Chapter 7 bankruptcy and agrees to the following terms and conditions:

- 1. The attorney fees for the Chapter 7 bankruptcy are \$500. This is a flat fee arrangement, and does not include the court costs, which are currently \$335. This is the total of your attorney fees, and Springer Law Firm will not charge you for additional work. However, if you refuse to cooperate, or fail to provide information as requested by our attorney, your case may be closed.
- 2. Fees paid to the firm become property of the firm upon payment. If before the case is filed, you decide to close out your case, Springer Law Firm will refund you any fees not earned. I assign to Springer Law Firm any amount paid towards court costs and filing fees. I authorize Springer Law Firm to transfer said funds to the firm's operating account if I decide not to file for bankruptcy, or if I breach this contract.
- 3. I agree to disclose all pertinent information to Springer Law Firm, so that the firm can properly disclose all my assets, debts, and financial history to the court. I agree to keep the firm informed on any new assets or debts I may incur from this date forward. If I do not provide the proper information, or do not cooperate with Springer Law Firm, said firm may withdraw from representation, with permission of the court.
- 4. I understand that I may not be able to protect all of my property. The bankruptcy code does not provide exemptions for everything, and as such, some of my property may be taken by the Trustee and sold. Additionally, if my income is too high, or if my income is not offset enough by my expenses, I understand that the Trustee may dismiss my case, or require me to file a Chapter 13 instead of a Chapter 7.
- 5. I understand that not all of my debts may be discharged in a Chapter 7 bankruptcy. Student loans, educational debts, undisclosed debt, support/maintenance, fines, debts incurred by fraud, future association/condo HOA dues, certain tax debts, or debts found non-dischargeable by a Judge are among the debts not dischargeable.
- 6. I understand that this retainer agreement is for bankruptcy representation only. Springer Law Firm will not represent me in any other case or legal matter, unless agreed to in a separate retainer agreement. This includes adversary proceedings that may fall under the bankruptcy case. This agreement does not include representation in such adversary proceedings.
- 7. I understand that all money paid towards attorney fees is non-refundable. I understand that once I pay Springer Law, that Springer Law begins work on my case. I understand that the majority of bankruptcy work is done prior to the filing of the case, and because of this the fees are earned even before the filing of the case.
- 8. I understand that before I transfer or sell any property, or incur any new debt, I will first notify Springer Law Firm and consult on the impact such action will have on my bankruptcy.
- 9. I understand that I must take 2 classes pertaining to financial management and credit counselling. Failure to take these courses will result in either my case NOT being filed, or if filed, possibly dismissed. If my case is dismissed, I understand that I will have to pay to have my case re-opened by Springer Law Firm.
- 10. I have received the 11 U.S.C. § 527(a) disclosures and have read them.

| Dated: 5-13-16 | |
|-----------------------|--------|
| Signature: Bay Dona | Markey |
| Signature: 1) (1) VVW | marry |
| Print Name: 60/60/6 | Mackey |

Attorney Print:

United States Bankruptcy Court Northern District of Illinois

| In re | Barbara Mackey | | Case No. | | |
|-------|---|---|-----------|----|--|
| | • | Debtor(s) | Chapter 7 | | |
| | VERIFICATION OF CREDITOR MATRIX | | | | |
| | | Number of Cr | reditors: | 24 | |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. | | | | |
| Date: | May 18, 2016 | /s/ Barbara Mackey Barbara Mackey Signature of Debtor | | | |

Acceptance Now 5501 Headquarters Dr Plano, TX 75024

Accounts Receivable Ma 2950 W Chicago Ave Ste 3 Chicago, IL 60622

AT&T PO Box 6416 Carol Stream, IL 60197

Atg Credit 1700 W Cortland St Ste 2 Chicago, IL 60622

Comenity Bank/bergners 3100 Easton Square Pl Columbus, OH 43219

Credit Acceptance Po Box 513 Southfield, MI 48037

Credit Acceptance Corp. PO Box 5070 Southfield, MI 48086

Creditors Protection S 308 W State St Ste 485 Rockford, IL 61101

Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773

DirectTV Attn: Bankruptcy Dept. PO Box 6414 Carol Stream, IL 60197-6414

Dvra Billing 2701 Loker Av West Carlsbad, CA 92008 Edc/stateline Rental P

Grand Canyon Universit 3300 W Camelback Rd Phoenix, AZ 85017

Midnight Velvet 1112 7th Ave Monroe, WI 53566

Monroe And Main 1112 7th Avenue Monroe, WI 53566

Mutual Management Serv 7177 Crimson Ridge Dr St Rockford, IL 61107

National Act Pob 44207 Madison, WI 53744

Pinnacle Credit Servic Po Box 640 Hopkins, MN 55343

Rockford Mercantile 2502 S Alpine Rd Rockford, IL 61108

Santander Consumer Usa Po Box 961245 Ft Worth, TX 76161

Security Fin C/o Security Finan Spartanburg, SC 29304

Stateline Rental Properties Attn: Bankruptcy Dept. 920 22nd St. Rockford, IL 61108

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Us Dept Ed Pob Box 5200 Greenville, TX 75403

World Finance Corp